



**APPLICATION FORM  
FLOWER MARKET ENTRY PASSES**

**BUSINESS TRADING NAME** .....

I apply for Flower Market entry passes for the following principals and staff of this firm to allow them access to the Sydney Flower Market during the Flower Market trading hours. I also undertake to return any Flower Market entry passes to Sydney Markets Limited when the holder of such pass ceases to be an employee. The holder will need to reapply for the Flower Market entry pass each year.

OFFICE USE ONLY

FAMILY NAME	GIVEN NAMES	POSTAL ADDRESS (INCLUDE POSTCODE)	PRINCIPAL/EMPLOYEE <small>(MARK WHICH APPLICABLE)</small>	DATE OF BIRTH	PASS NO. ISSUED	I.D SIGHTED <small>(LICENSE NO)</small>

Please circle which of the following categories best describes your business:

<b>FLORIST WITH SHOP FRONT</b>	<b>FLORIST STUDIO</b>	<b>EVENT/PR ORGANISER</b>	<b>HOSPITALITY</b>	<b>ONLINE ONLY FLORIST</b>	<b>GREENGROCER/MIXED BUSINESS</b>	<b>OTHER (SPECIFY)</b>
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BUSINESS ADDRESS	CONTACT NUMBER	EMAIL	ABN	PARKING LOCATION

**Contact Name:** .....

**Mobile No:** .....

**Signature of Principal/Director:** .....

**Note:** No fees attached to this pass. Flower Market entry pass can be obtained by the Flower cashier office from 4am to 10am Monday to Friday.



Application Form  
Flower Market  
Entry Passes

**CASHIER:**

Receipt Number: \_\_\_\_\_ (attach duplicate receipt)

Signature:

Date:

**PHOTO I.D. ROOM OPERATOR:**

- Check application form Yes  No
- Business Letter attached Yes  No
- Receipt sighted Yes  No
- Photo I.D. sighted Yes  No
- Access areas given Yes  No
- Photo taken Yes  No
- Pass issued to Team Leader/applicant Yes  No

**TEAM LEADER:**

Passes vetted Yes  No

Names of Vettors: \_\_\_\_\_  
\_\_\_\_\_

Signature:

Date:

**OPERATIONS MANAGER:**

- Applicant's details complete Yes  No
- All vetting levels complete Yes  No

Signature:

Date:

**TEAM LEADER/ASSISTANT TEAM LEADER:**

Issue Pass Yes  No

Signature:

Date:

